

FORM NO. 5. MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

W. H. McCaw, of Columbia.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only **8846**

(1) PLACE OF BIRTH
 County of **Pickens**
 Township of **Eastley**
 or
 Inc. Town of **Eastley**
 or
 City of **Eastley** (No. **3726** Registered No. **45**)
 (If birth occurs in a Hospital or other institution, give name of same instead of street and number.)

St. **45** Ward

(2) Full Name of Child. **William Walter Whitfield** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **one** (5) Number in order of birth **one** (6) Are Parents Married? **yes** (7) DATE OF BIRTH **Mar. 13** 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **William Walter Whitfield**
 (9) PRESENT POSTOFFICE OF FATHER **Eastley S.C.**
 (10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **19** (Years)
 (12) BIRTHPLACE **Ga.**
 (13) OCCUPATION **Callon Mill**
 (20) Number of children born to mother, including present birth **one**

MOTHER.

(14) NAME BEFORE MARRIAGE **Idella Cheek**
 (15) PRESENT POSTOFFICE OF MOTHER **Eastley S.C.**
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **21** (Years)
 (18) BIRTHPLACE **Pickens Co. Ga.**
 (19) OCCUPATION **Callon Mill.**
 (21) Number of children of this mother now living, including present birth **one**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **6:30 P.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **W. R. Russell**
 (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Eastley S.C.**

Given name added from a supplemental report **191**
 Registrar **4-6** 1915 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **L. Robinson**
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar **Deputy** Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.